AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) Yes, Sir.

(b) The Committee on Subordinate Legislation (Tenth Lok Sabha) in its 22nd Report had made several recommendations primarily intended to discourage the use of tobacco and tobacco products. The Government is examining these recommendations and a draft legislation is under consideration of the Government.

Factors Causing Tuberculosis

†1955. SHRI BALWANT SINGH RAMOOWALIA:
SHRI KAPIL SIBAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to a news-item under the caption, "Desh mein her minute tapedic se ek mrityoo hoti hai, Sarvekshan Report", published in a daily Ajeet Samachar of Jalandhar;

(b) if so, what is Government's assessment in regard to authenticity of the above news-item;

(c) whether Government have ascertained the factors responsible for the deaths occurring due to tuberculosis; and

(d) if so, the percentage of these factors responsible for spreading and intensifying the disease and the schemes since introduced by Government to remove the above factors?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) TB is major public health problem in India. India accounts for 20% of total TB burden. Half a million people are estimated to be dying of TB every year 1000 a day, one a minute.

(c) Important factors responsible for deaths occurring due to TB are

†Original Notice of the Question was received in Hindi.

treatment completion rate of less than 40%, drug shortages, emphasis on X-ray for diagnosis, poor quality sputum microscopy, multiplicity of treatment regimens, inadequate budget a managerial capacity etc.

(d) Based on the findings of a review of the Programme in 1992, Government of India evolved a Revised National Tuberculosis Control Programme (RNTCP) with the objective of curing at least 85% of sputum positive cases and detecting at least 70% of these cases. This programme is based on high quality sputum microscopy and treatment which is Directly Observed (DOT) to ensure that the patient takes his full course of treatment. Under this programme, quality of diagnosis has been good and sputum conversion rate remains high at 87%. Currently the programme covers 140 million population, which is expected to increase to 250 million by end 2000 and 400 million by 2002.

Herbal Medicines as Food Supplements

956. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the manufacture and marketing of herbal medicines as food supplements, without following even the minimum WHO standards;

(b) if so, what is the existing monitoring system by the regulatory authority to check the standards of such herbal medicines, marketed as food supplements; and

(c) what measures have been taken by Government to prevent manufacture and sale of herbal medicines, misused as food components?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T SHANMUGAM): (a) to (c) A number of products termed as Dietary Supplements/Nutritional Supplements/Health Foods etc., are being sold in the market wothout medicinal claims. The Food

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